for improving the treatment of Type I and Type II diabetes.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. This prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Applications for a license (*i.e.,* a completed ''Application for License to Public Health Service Inventions'') in the indicated exclusive field of use filed in response to this notice will be treated as objections to the grant of the contemplated license. Comments and objections will not be made available for public inspection and, to the extent permitted by law, will not be subject to disclosure under the Freedom of Information Act 35 U.S.C. 552.

Dated: November 29, 2000.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 00–31217 Filed 12–6–00; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Warren Grant Magnuson Clinical Center; Proposed Collection; Comment Request; Customer and Other Partners Satisfaction Surveys

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for the opportunity for public comment on the proposed data collection projects, the Warren Grant Magnuson Clinical Center (CC), the National Institutes of Health, (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Generic Clearance for Satisfaction Surveys of Customer and Other Partners.

Type of Information Collection Request: Extension (OMB control number: 0925–0458).

Need and Use of Information Collection: The information collected in these surveys will be used by Clinical Center personnel: (1) To evaluate the satisfaction of various Clinical Center customers and other partners with Clinical Center services; (2) to assist with the design of modifications of these services, based on customer input; (3) to develop new services, based on customer need; and (4) to evaluate the satisfaction of various Clinical Center customers and other partners with implemented service modifications. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline the Clinical Center's operations. The major mechanisms by which the Clinical Center will request customer input is through surveys and focus groups. The surveys will be tailored specifically to each class of customer and to that class of customer's needs. Surveys will either be collected as written documents, as faxed documents, mailed electronically or collected by telephone from customers. Information gathered from these surveys of Clinical Center customers and other partners will be presented to, and used directly by, Clinical Center management to enhance the services and operations of our organization.

Frequency of Response: The participants will respond yearly.

Affected public: Individuals and households; businesses and other for profit, small businesses and organizations.

Types of respondents: These surveys are designed to assess the satisfaction of the Clinical Center's major internal and external customers with the services provided. These customers include, but are not limited to, the following groups of individuals: Clinical Center patients, family members of Clinical Center patients, visitors to the Clinical Center, National Institutes of Health investigators, NIH intramural collaborators, private physicians or organizations who refer patients to the Clinical center, volunteers, vendors and collaborating commercial enterprises, small businesses, regulators, and other organizations. The annual reporting burden is as follows:

TABLE 1.—THREE YEAR BURDEN ESTIMATE

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
Clinical Center Patients	Questionnaire Telephone	11,100	66	20	2436.6
Family Members of Patients	Questionnaire/ Post Card	8500	38	10	533.3
Visitors to the Clinical Center	Questionnaire/ Post Card	3500	15	10	87.5
Former physician employees and trainees	Electronic	650	35	10	38.2
Guest workers/Guest researchers	Electronic	950	60	22	210
Extramural collaborators	Electronic	600	30	15	45
Vendors and Collaborating Commercial Enterprises	Questionnaire/ Fax Back	9500	17	18	475
Professionals and Organizations Referring Patients	Fax Back	9000	30	28	1250
Regulators	Fax Back	85	82	19	22
Volunteers	Questionnaire	850	58	28	230
Total (3 Years)			n=16,812		5,327.6
Total (1 Year)			n=5,604		1,776.0

Estimated costs to the respondents consists of their time; time is estimated using a rate of $10.00 per hour for patients and the public; $30.00 for vendors, regulators, organizations and $55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is $24,531 annually. A contract has been let with a vendor to provide assistance in survey administration. The estimated annual cost of this contract is $25,000. There is no capital costs to report.

Requests for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the Clinical Center and the agency, including whether the information shall have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project, to obtain a copy of the data collection plans and instruments, or to submit comments, contact: Dr. David K. Henderson, Deputy Director for Clinical Care, Warren G. Magnuson Clinical Center, National Institutes of Health, Building 10, Room 2C 146, 9000 Rockville Pike, Bethesda, Maryland 20892, or call non-toll free: (301) 496–3515, or e-mail your request or comments, including your address to dhenderson@cc.nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before February 5, 2001.

Dated: November 18, 2000.

David K. Henderson,

Deputy Director for Clinical Care, CC.

[FR Doc. 00–31214 Filed 12–6–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4621–N–02]

Community Planning and Development Formula Programs: Assisting Persons With Disabilities—Recipients' Affirmatively Furthering Fair Housing Responsibilities and Involvement of Persons With Disabilities in Planning Actions

AGENCY: Office of the Assistant Secretary for Community Planning and Development, and Office of the Assistant Secretary for Fair Housing and Equal Opportunity, HUD.

ACTION: Notice.

SUMMARY: The purpose of this notice is to reemphasize the responsibility of Community Planning and Development formula grant program recipients to: (1) Affirmatively further fair housing which includes analyzing compliance with the multifamily design and construction requirements of the Fair Housing Act (the Act); and (2) include individuals with disabilities in the citizen participation process for the development of Consolidated Plans and Annual Action Plans.

FOR FURTHER INFORMATION CONTACT: Bryan Greene, Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410; telephone (202) 708–1145 (this is not a toll-free number), or Terry Buss, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410; telephone (202) 708–2504 (this is not a toll-free number). Persons with hearing or speech impairments may access these numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

SUPPLEMENTARY INFORMATION:

Background

Every three to five years, each State and local government that is a recipient of HUD formula grant funds through the Community Development Block Grant Program, HOME Investment Partnerships Program, Housing Opportunities for Persons With AIDS Program or the Emergency Shelter Grant Program must submit a complete Consolidated Plan that assesses its priority housing and homeless needs, including the needs of persons with disabilities, and establishes a strategic plan for addressing these needs. (In this notice, the term ''jurisdictions'' (or ''jurisdiction'') refers to States and local governments that are recipients of this funding.)

Annually, jurisdictions must submit the Action Plan component of the Consolidated Plan which describes how these funds will be used. When preparing its Consolidated Plan and its Action Plans, the jurisdiction must include the participation of its citizens in accordance with its citizen participation plan. The citizen participation plan must provide for and encourage citizens to participate in the development of the Consolidated Plan, including any substantial amendments to the Consolidated Plan, and preparation of the Annual Performance Report. Jurisdictions are also expected to take whatever actions are appropriate to encourage the participation of all its citizens, including minorities and non-English speaking persons, as well as persons with disabilities.

In its annual submission to HUD, each recipient jurisdiction must submit a certification required by the Community Development Block Grant regulations (24 CFR 570.601(a)(2)) and the Consolidated Plan regulations (24 CFR 91.225(a)(1), 91.325(a)(1) [States] and 91.425(a)(1) [Consortia]) that it will affirmatively further fair housing. The jurisdiction's affirmatively furthering certification means that the jurisdiction will conduct an analysis to identify impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting the analysis and actions taken. If the jurisdiction is not undertaking these actions, the Department may reject the certification and disapprove the Consolidated Plan.

The analysis of impediments (AI) to fair housing choice includes an assessment of conditions, both public and private, affecting fair housing choice. The amendments to the Act in 1988 made it unlawful to discriminate against persons because of disability, including the failure to make multifamily residential structures built for first occupancy after March 13, 1991 accessible to persons with disabilities. The Act requires that all units in an elevator building with four or more units be accessible to persons with disabilities. In a non-elevator building with four or more units, all ground floor units must be accessible to such persons. These requirements apply whether the building is privately or publicly constructed and owned.